

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 753985

1. Entity Name
**HIDDEN LAKE VILLAS HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**500 94TH AVE. NORTH
ST PETERSBURG, FL 33702**

Mailing Address
**500 94TH AVE. NORTH
ST PETERSBURG, FL 33702**



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3103280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAMATH, JAY K
500.94TH AVE. NORTH
ST PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KAMATH, J. (DR.) 500 94TH AVE. NORTH ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORBOM, BENJAMIN E 200 SOUTH HOOVER BLVD. #110 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENWASSER, MARC 200 SOUTH HOOVER BLVD., #110 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/08-80079-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYAPRAKASH K. KAMATH, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

Daytime Phone #